

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 1:18-cv-3427

ERIC VON SCHAUMBURG,

Plaintiff,

v.

HEALTH CARE SERVICE CORPORATION d/b/a BLUE

CROSS BLUE SHIELD OF ILLINOIS, Defendant.



AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Eric von Schaumburg, Plaintiff.

NAME (Type or print) Mark D. DeBofsky	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Mark D. DeBofsky	
FIRM DeBofsky, Sherman & Casciari, P.C.	
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ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 3127892	TELEPHONE NUMBER 312-561-4040
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	